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Risk, resistance and the neo-liberal agenda: young people, health and wellbeing in the UK, Canada and Australia

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Short title: Risk, resistance and the neo-liberal agenda

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Abstract

In this article we describe how concepts of risk are both generated by and used to reinforce a neo-liberal agenda in relation to the health and well being of young people. We examine how risk may be used as a tool to advance ideals such as rational choice and individual responsibility, and how this can further disadvantage young people living within contexts of structural disadvantage (such as geographic areas of long-term unemployment; communities that experience racial discrimination). We also identify the ways in which risk is applied in uneven ways *within* structurally disadvantaged contexts. To suggest a way forward, we articulate a set of principles and strategies that offer up a means of resisting neo-liberal imperatives and suggest how these might play out at the micro-, meso- and macro-levels. To do this, we discuss examples from UK, Canadian and Australian contexts to illustrate how young people resist being labeled as risky, and how it is possible to engage in health equity enhancing actions, despite seemingly deterministic forces. The cases we describe reveal some of the vulnerabilities (and hence opportunities) within the seemingly impenetrable worldview and powers of neoliberals and point towards the potential to formulate an agenda of resistance and new directions for promotion the health of young people.

Key words: risk; health policy; neo-liberal shifts; young people's health; structural disadvantage/social inequities

Introduction

The discourse of risk has become increasingly influential in recent years in approaches to and development of policy worldwide, not least as a tool for the management of young people and their behaviours. While most of what the UK, Canadian and Australian governments undertake with respect to managing young people and their behaviour operates within a set of (neo)liberal notions pertaining to the accountability of individuals to the State that emphasise regulation and maintenance of control over bodies and practices (for example through the use of risk surveillance), the bulk of such actions occurs by-and-large through voluntary rather than overtly coercive means. However, many of the 'voluntary' regulatory practices that young people undertake in the name of health primarily appear to be achieved via a complex set of social relations that concomitantly render young people as both 'risky' and 'at risk', a threat to themselves and a potential threat to the social and health (and hence moral) orders.

Neoliberalism, risk and young people

In some instances, health promotion interventions have exacerbated health and social inequities (Frohlich and Potvin 2008, Lorenc et al 2012), including situations where young people's social identities can become bonded to assessments of health risks (such as smoking) that frequently also connote risks to social wellbeing (Frohlich et al 2012). In turn, this helps to engage young people themselves in forms of self-surveillance through what Foucault (1988) terms 'technologies of the self' (Robert 1996). Under this framework, health and social service workers (including clinicians; public health

practitioners; and social workers) are also frequently positioned as authorities who define and regulate what constitutes 'risk' and membership of 'risky groups'. They do so not through outright coercion or dominance over young people, but via young people's own (re)production of moral understandings of risk for particular social groupings (for example sexual identities) and at more macro-societal levels (such as social mores; and community norms) (Bay-Cheng, Livingston and Fava 2011; Shoveller and Johnson 2006). Conventional public health interventions (such as efforts that target young people to promote routine STI/HIV testing) aim to have young people (re)align their health practices with that of a 'responsible' citizen, and generally do not reflexively consider the social effects of public health practices or how public health and health promotion deploy power as a social institution. Indeed, many health promotion models emphasising lifestyle and individual responsibility overlook social context and power within society (Korp 2010).

In this article, we argue that the discourse of risk has been deployed in the name of health, while also being (un)knowingly used as a social dividing practice to specify and assign a hegemony of the expected and the acceptable, in terms of young people's behaviours, particularly those behaviours associated with health risks and/or disease outcomes. Through these social dividing practices, young people are assigned fixed social positions (those who are risky versus those who are safe), which may further intensify the disadvantage experienced by some youth who then find themselves doubly hindered. We suggest that the features of neoliberalism (including free movement of goods, services, capital and labour, and a reliance on market forces to allocate such

resources fairly) and their permeation across all features of society in the UK, Australia and Canada have compounded the potential for intensifying and solidifying over the life course the various forms of disadvantage experienced by particular groups of young people. We argue that groups already most likely to be disadvantaged in societies dominated by a neoliberal paradigm (poor, less educated young people) also face the biggest challenges in achieving social mobility and a 'desirable' or acceptable position in society – in addition to bearing the brunt of the health impacts associated with this and other forms of inequities. Indeed, increasing income inequality (a hallmark of neoliberalism) is consistently related to lower levels of social mobility (Wilkinson & Pickett 2009).

We acknowledge that there are variants within neoliberalism itself (it is not a monolithic force) and there are inconsistencies in the ways in which basic tenets of neoliberalism have been taken up across and within the various settings (including the three that we draw our examples from here). To date, the links amongst risk and the (neo)liberal agendas with respect to young people's health remains an under-examined area, suggesting that too little is known about the potentially significant health and social consequences (immediately and over the life course) that these pose for many young people – a grouping that we also recognize as being far from homogenous. Moreover, we suggest that too little is known about the potential for 'resistance' – as generated by young people and others – and how important features of social life (gender; ethnic identity; class position) might ultimately contribute to the reshaping of the heretofore dominant agendas related to health, risk and (neo)liberalism.

Risk, governance and individualism

‘In modern western societies, the concept of risk pervades everyday life’ (Tulloch and Lupton, 2003:1), a view which would seem to lend weight to the notion of the ‘risk society’ as described by Beck (1992), whereby late industrial societies are in transition to a society where hazards are perceived to be everywhere. Within ‘risk society’, lay people are forced to rely on expert knowledge at the same time as mistrusting those who claim to be experts, as well as being aware that the experts often disagree with one another, leading to a commonly held belief that there can be no certainty. For Beck, late modernity and the resultant changes in the ways people structure their private lives means disturbances to the traditional notions of regular progression through the life course – marriage, steady employment and family life – with this falling apart and being replaced by ‘a social surge of individualization’ (1992:87). We suggest that this ‘surge of individualization’ is a fundamental social process that must be considered in our current analysis, although we acknowledge that Beck’s model has been criticised (Lash 1993, Lupton 1999) for taking an overly individualistic approach, ignoring outside influences. For example, Lash (2000) argues that ‘risk society’ does not sufficiently account for culture, or take account of the roles played by age and gender, for example. Instead, he talks about ‘risk cultures’, which are less structured and more fluid than risk society, taking into account the fact that people rarely operate as individuals, but rather, do so as part of families, communities, or cultural groups, informed by common understandings and shared information. In this way, ‘risk judgments can never be neutral nor individualistic, but rather are always shaped through shared understandings and anxieties’

(Tulloch and Lupton 1993:7). While acknowledging these positions, we concur with Rothstein (2006) who argues that the issue is no longer merely the governance *of* risk, but that we are in an era of governance *by* risk.

Under this rubric, problems are constructed as something for an individual to solve, risks something that an individual bears, and responsibility and blame (for selecting the wrong solutions, making the wrong choices) can then become focused on the individual. This individualism brings freedom of choice, but also ‘crushing responsibility to make the right life choices’ (Tulloch and Lupton, 2003:4). Furthermore, we suggest that the issue of individualism is further complicated within health promotion and public health discourse as a result of a mostly unproblematised understanding of the role(s) of agency and the concept of choice, though the work on capitals and capabilities as put forward by Abel & Frohlich (2012) is a notable exception. Abel & Frohlich (2012) argue that a more nuanced understanding of an individual’s ‘choice to choose’ (to paraphrase Giddens) depends on critical reflection on the following points:

‘1) the range of options for any individual is limited by the amount of different forms of capital available to him or her; 2) the effectiveness of the application of the different forms of capital for health benefits depends on contexts and people’s abilities to play their capital most effectively and; 3) the non-material aspects of the social structure shape individual preferences as well as what people find appropriate.’ (p. 242).

Here we have shown how neoliberal approaches shift risk onto individuals and define risks as individual problems to solve. In the rest of the paper we will discuss how this shift, and its neglect of social context, impacts upon young people and their health and wellbeing, illustrating our arguments throughout with reference to examples of young people's experience and resistance focusing particularly on smoking, motherhood, and LGBTQ (Lesbian, Gay, Bisexual, Transexual and Queer) youth.

Risk, neo-liberalism, and social health inequalities amongst young people

The neo-liberal reliance on market principles as both the means of governing behaviour and the argument for reducing the role of the State is predicated on the notion that humans are rational self-interested actors who are motivated and informed to make decisions in their own best interests. Risk, as defined within a rational framework, is then regarded as a set of factors or scores that can be inserted into the decision-making process in order to assist in the making of rational, productive choices. Assuming that market principles are rational and that rationality explicates human behaviour, this reduces everyday life (including choices) to an overly simplistic state, where the value of individuals is reduced to the potential (or current) economic contribution that they might offer (for example being a consumer). Health itself becomes something to be purchased and consumed, with health promotion prescribing 'a certain lifestyle intended to minimize risks, and construct responsible, prudent, health conscious citizens who are expected to buy into this lifestyle' (Ayo 2012:101). Responsibility is placed upon the individual to make healthy choices, meaning that inequalities in health and illness are no longer the responsibility of governments.

This shift towards placing responsibility on individuals can be seen in the retreat of neoliberal governments from their responsibility to ensure the well being of their citizens; in the UK, for example, where the Conservative governments of 1979 to 1997 saw 'rolling back the frontiers of the State' as a key aim, the Coalition government elected in 2010 seems set on further limiting the role of the State in terms of ensuring the well being of its citizens, while at the same time ignoring the impact of economic policies on community well-being. This is what Rose refers to in his characterisation of advanced liberal governments (Rose 1999) as 'a widespread recasting of the role of the State' (2000:323), the State as regulator rather than provider, with 'a fragmentation of 'the social' as a field of action and thought' (2000:324). Governance in such societies is carried out at the 'molecular' level, where people are expected to manage their lives by making 'choices' that fit in with the norms of society by making individuals exercise prudence and avoid risk. Those who fail to avoid risk are excluded and marginalised. Thus, social and collective risks are transformed into individual risks; for example, unemployment can then be positioned not as a product of economic or social conditions, but as a result of deficit(s) of enterprise and/or skill(s) of the *individual* (Rose 1996, 2000).

Douglas (1992), when writing about risk argued that ideas about risk are shared within cultures or communities, so that social and cultural influences inform the selection of particular phenomena as risky. Further, the identification of a risk is tied to the legitimisation of moral principles, resulting in a political and moral interpretation of risk;

for example the view taken by neoliberal governments of ‘youth as risky’ where their ‘problem’ behaviours (such as teenage pregnancy) are seen as a moral threat (for example the breakdown of the traditional nuclear family) and as part of an agenda which necessitates a political solution (for example ending ‘benefits culture’). If we accept the premise of Douglas (1986, 1992) that risk agendas are socially constructed (and in this article, we do accept that premise), then it follows that the social construction of living ‘at risk’ and taking risks becomes the focus of investigation and management (Austen, 2009), which, for us, is particularly concerning with regards to young people. If young people are socially constructed as being both at risk and risky, then this has implications for how they are regarded, managed and governed.

Contemporary neoliberal discourse revives distinctions between deserving and undeserving, where the deserving may access some (minimal) help and support; yet, for the undeserving, ‘it is no longer about rights to universal welfare services, but about increasingly corrective and compulsory services, and diminished rights to refuse the regulation of the State’ (Kemshall 2008:28). In this sense, ‘governance according to principles of rights and justice is only for those who are accepted as conforming to the defining characteristics of the rational liberal subject’ (Hudson 2003:183). Where young people are positioned in terms of being unwise or unaware of their best interests, they are frequently characterised as making choices that do not fit with desirable social norms, regardless of whether it could be objectively assessed to be a rational choice. Here we wish to introduce the first of our examples of developing resistance to a neoliberal discourse, which we will be discussing throughout the paper, that being the issue of

teenage motherhood. In the life of a pregnant teenager who can see little or no prospects of employment where she lives, keeping her baby may be a rational choice as it offers access to various forms of support but it will most certainly place her outside what is more broadly judged to be socially desirable (Geronimus 2003). In both Australia (Kirkman et al 2001) and the UK (Graham and McDermott 2005), whilst young mothers are well aware of being 'judged and condemned' (Kirkman et al 2001:279) they are keen to emphasise that they are good mothers; indeed, as mothers who stay at home to look after their babies, they position themselves favourably in contrast to older mothers who work outside the home. In the UK, the discourse of poor parenting was taken to another level when it was suggested as one of the reasons behind the riots of summer 2011 (BBC 2011), although rioters themselves felt it was not a factor (Prasad and Bawden 2011). Nevertheless, Prime Minister David Cameron announced in May 2012 that parenting classes would be piloted in three areas of England. Although not compulsory, and not aimed solely at young or single parents, it is an example of a technical, and individualised, solution to the 'problem' of poor parenting, which could easily be used as an instrument of blame – if your child turns out 'bad' it is your fault for not attending parenting classes. As an individualised solution, it does not address structural or educational disadvantage, and it is ironic that the classes were announced while funding for Sure Start (a measure aimed at addressing disadvantage, particularly in education) came under scrutiny by many councils with an eye for cutting such service provision. This, we argue, reflects a shift of parenting support being part of an attempt to address welfare and disadvantage at a more structural level (Sure Start) to being the subject of individualised corrective measures (parents being advised to enroll in parenting classes).

Too often, rational choice is used to situate (that is blame) young people who experience social and health inequalities as being the authors of their own circumstance. This was starkly exemplified in a 2006-2007 Worksafe Victoria (Australia) social marketing campaign including a poster displayed on public transport picturing a young worker with a disfiguring occupational injury (amputated hand) with the quote '*I was new and afraid to ask*'. accompanied by a footnote from Worksafe saying '*It doesn't hurt to speak up*'. Moreover, because neoliberal governmentality privileges the norm of self regulation, whereby the individual is invested with moral responsibility and guided by experts to make rational choices, many young people living in inequality-enhancing contexts, such as economically deprived areas, find themselves positioned at odds with 'society'. At the same time, it is important to acknowledge that there may be fundamental biological and social drivers that predispose young people to 'test the boundaries' and explore new experiences. For many youth, this is a transient phase, and they themselves are aware that their behaviours are most likely to be temporary; however, this is a phase of the life course where 'somewhat disproportionately, negative labels are attached to this period of life, or to the activities they [young people] engage in' (Austen 2009). Kelly suggests that 'youth is principally about becoming' (2001:30) – a transition from childhood to adulthood which invokes the future and where, by being at risk, they are potentially jeopardising that desired future.

Zinn argues that there is a distinction between rational and non-rational strategies for managing risk; it could be argued that on the one hand, youth are positioned as non-

rational, not having enough knowledge and not knowing what is best for themselves, but at the same time are constructed as being responsible for their own life choices, and therefore their own future (Zinn, 2008). However, in an era of governance by risk, ‘natural’ forms of adolescent experimentation have been essentially converted to ‘the view that all young people are potentially at-risk’ and this ‘signals a dangerous development in attempts to regulate youthful identities’ (Kelly 2001:25), where growing up becomes a problem to be solved (Turnbull and Spence 2011). Moreover, few have acknowledged that for many the predisposition (and indeed the need) to engage in experimentation as a means of adapting to evolving circumstances continues well beyond adolescence – with post-adolescence expressions of such behaviour more frequently being associated with social and personal assets, rather than risks or deficits. In addition, people (of any age) are not always able to make what the market would regard as rational self-interested decisions all the time, and often may not have a choice about how to respond to the circumstances they face. Instead of only seeing value (in people, in their decisions) in economic terms, we must acknowledge that individuals and populations are more than mere units of productivity (Shoveller et al 2005). In addition, some decisions to engage in risky behaviours may offset other substantial health risks, and can be understood from a harm reduction perspective. For example, Graham (1993) demonstrated that the regular engagement in courtyard smoking breaks by young single mothers in large blocks of flats (apartments) in the UK played an important role in the reduction in social isolation experienced by those young single mothers..

Adolescence and early adulthood are sensitive, if not critical, periods within which the discourse of ‘rational decisions and choices’ demanded by neoliberalism arguably seeds long-lasting (and sometimes irreversible) effects during the rest of the life course. We argue that growing up in environments where this discourse is ever present implies that the ideas and ideals associated with neoliberal notions of risk are inevitably reflected (both adopted and rejected) in how young people think, talk and act in relation to risk itself. However, what current iterations of dominant forms of the neoliberal discourse offer is an erasure of society – an absencing of structure – all in the favour of agency-centred foci. Structural inequalities are rewritten as a set of factors that put young people at risk and individualism means people are responsible for their own fate; thus neoliberal governments construct young people as ‘at risk’ not because of class or circumstance but as a result of their own behaviour (for example young girls ‘choose’ to get pregnant because they want the State to pay their rent).

Resisting ‘risk’ and contesting ‘rationality’

Young people themselves, however, may have different ideas of what is rational to think or do within the agency-centred frame currently cast as the norm, and can ‘depict themselves as risk managers rather than as risk takers’ (Mitchell et al 2001:226). Returning to our example of young mothers, official discourse presents these women as inherently risky because of the age at which they have children. However, the young women in Mitchell et al.’s (2001) study did not see themselves as irresponsible; some of them felt that an initial risky act had led to increased sense of personal responsibility and the avoidance of future risks. Macvarish (2010) highlights how ‘the teenage individual is

not assumed to be a moral agent or a rational agent, but rather a creature at the mercy of “risk factors” (2010:317) and where pregnancy is concerned, putting her baby at risk too. A growing body of evidence exists which counters the ‘official’ view that teenage parenting inevitably leads to ‘shattered lives and blighted futures’ (Social Exclusion Unit, 1999), suggesting instead that it can be a turning point to maturity (Seamark and Lings 2004); the young women in Rolfe’s study (2008) resist the negative identity of ‘teenage mother’ and actively construct positive identities as responsible and caring mothers, whilst others describe taking part in peer education as enabling them to create positive self-identities rather than accepting a label of being problematic and undeserving (Kidger 2004). However, academic research evidence suggesting that young motherhood can be a positive choice with positive outcomes (Coleman and Cater 2006), has been roundly dismissed by the media (BBC 2006) and policy makers (Hoggart 2012).

In some situations, risk taking is framed positively and can be seen by young people as both rewarding and justified (Sharland 2006), or as contributing to a sense of self (Batchelor 2007) and it is often acknowledged that risk-taking behaviour is temporary and something that a young person will grow out of as they grow up. Smoking is an example of such a behaviour – something that young people choose to experiment with (and sometimes take up on a more permanent basis) despite knowing the health risks. Despite physical addiction issues related to smoking, many young people begin and continue to smoke because it has benefits attached to it, such as sociability (Amos et al 2006), feeling they a sense of control over their own destiny or self-image (Denscombe 2001, Johnson et al 2003). As Gilbert says in her study of young Australian women, it is

the danger, as portrayed by media campaigns, that is part of the appeal, and the unacceptability of smoking makes it attractive to young people wishing to assert control and identity (Gilbert 2005). Indeed, one of Gilbert's respondents described how the graphic images used to depict the effects of smoking on health resulted in her smoking more. Hence, smoking becomes legitimated by such campaigns as a deviant activity allowing teenagers to resist norms of conformity. In addition, anti-smoking campaigns which portray smokers as helpless in the face of addiction 'undercut their sense of agency by denying or ignoring their skill in managing their lives' (Haines et al 2009:75). It also assumes that 'health and the pursuit of longevity' (Denscombe 2001:303) are priorities for young people; they may be for some people, some of the time, but many young people will not choose to follow the 'rational' path as set out by a medical agenda, but will, despite knowing the risks, consciously take those risks (see for example Thing and Ottesen 2013).

In other settings (Crawshaw and Bunton 2009), risk is seen as part of growing up in a particular place, and the issue becomes one of managing the degree of risk one chooses to live with. For example, young men in Crawshaw and Bunton's study described the use of 'soft' drugs as acceptable, indeed even necessary in order to maintain their status within the group. At the same time, these men distance themselves from 'hard' drug users, whom they described as 'druggies' and 'smackheads'. Research on young people's experiences with marijuana smoking and other drug use in Canada corroborates this (Moffat et al 2009, Johnson et al 2008). In other situations, young people's resistance to health promotion messages may take the form of not seeing themselves as the target of

the message, as Harrison et al (2011) found in their study of young Australians and their drinking habits. The young people did not recognise themselves or their habits in the framing of alcohol and risk, focusing instead on the pleasurable aspects of alcohol consumption together with a wish to exercise choice and knowledge of their own limits. In Nelson et al's study (2012), young Indigenous Australians were accustomed to Aboriginal or Torres Strait Islander labels being used to attribute risk to a whole population, but were aware of social determinants of health and used their knowledge of poverty, housing and education as contributing factors to their health to reject the notion that being indigenous was a health risk.

In Kelly's view, 'the danger of youth at risk discourses lies in its relentless pursuit of order and elimination of diversity' (Sharland, 2006:256), whereby anyone who is 'different' and non-conformist is blamed for any poor consequences they experience. In this environment, young people are regarded by the State as either 'good' (doing well in school, active in sports, active in community) or 'bad' (drinking too much, having unprotected sex, getting pregnant, dropping out of school, going on benefits), and can then find it very difficult to move from the 'bad' to a 'good' position. The proximity of social relations (for example within a restricted geography or strongly demarcated social group) increases the potential for stigmatising labels that are applied early in the life course to 'stick' and their associated disadvantage to be accrued over the life course. For example, in communities where everyone seems to know about everyone else's personal lives, there are few venues for escaping stigma that is applied early in life. Moreover, the limiting powers of physical geography and social demography (and more particularly in

small, geographically isolated communities sprinkled throughout large countries such as Canada or Australia), can reinforce the savageness with which stigma is imposed (an early mistake is not forgotten) (Shoveller et al 2007).

Many if not all of our examples above illustrate young people accounting for their risk taking, or resisting being labeled risky, on an individual basis. Here we provide key examples of organised resistance to the dominant discourses related to risk (and neo-liberal perspectives on social and health inequalities) by and on behalf of young people. These examples illustrate potential points of synergy for research, policy, and practices amongst sociology, health, and youth studies to construct novel ways forward within policy and programming realms that resist neo-liberal ‘imperatives’.

Our next example emphasises a combination of social, health and educational approaches to improving health equity for young people who are lesbian, gay, bisexual, transgender or queer as well as their heterosexual allies, and illustrates how resisting ‘risk’ and contesting ‘rationality’ demands a combination of practices that exercise personal agency and changes at macro-level structural levels, acknowledging that these are integrally linked and co-produced as individual risk and social vulnerability. *CampOUT!* is located in British Columbia, Canada, and aims to promote solidarity, compassion and caring social norms in order to foster successful and healthful lives for young people within *and* beyond the camp experience. To do so, it adopts a strengths-based, rather than a ‘deficit-fixing’ approach to enhancing young people’s sexual rights. In *CampOUT!*, approximately 60 campers (lesbian, gay, bisexual, transgender or queer youth ages 14-21)

as well as camp leaders (young people and adults who are lesbian, gay, bisexual, transgender or queer or allies) reduce stigma related to young people's sexual lives and share strategies on how to create social change (to eliminate homophobia and heterosexism). The camp's capacity to promote 'structurally transformative agency' (Abel & Frohlich, 2012) is generated and reinforced through several means, including the media. Each year, *CampOUT!* receives extensive media coverage, contributing to a de-stigmatisation of 'non-heterosexual' identities. As others have shown, heteronormative discourses – which assume that one's biological sex and gender expression are aligned, and that one's sexual relations are aligned according to heterosexual norms (Jackson 2006; Knight, et al., 2012) – damage gay, bisexual *and* heterosexual young people (Knight, et al., 2012). *CampOUT!* takes this argument a step further by adopting the approach that de-stigmatisation benefits *everyone*, while acknowledging that de-stigmatisation reveals a new range of options for lesbian, gay, bisexual, transgender or queer youth to engage in healthy 'choices' at a different rate (and potentially with greater health-enhancing effects) than their non-queer counterparts. Moreover, the *CampOUT!* experience offers a real opportunity for young people (and not-so-young people) to improve the structural conditions of health. For example, the campers, leaders, and organisers, as well as its sponsors and partners (including financial institutions; community organisations; media outlets; the University of British Columbia), engage in critical and innovative ways to connect with the wider community and institutions to build solidarity and promote a rights-based approach to young people and sexuality. *CampOUT!* resists portrayals of structural inequalities as merely a set of 'choices' that young people make. Moreover, its true potential to resist neoliberal imperatives emerges

more powerfully because it challenges a discourse that erases (or at least dilutes) the dialectic relationship between structure-agency (Aggleton et al, in press).

Another example of resistance to dominant neoliberal discourses concerns the efforts of worker advocates in Australia to address the neoliberal agenda in the workplace on behalf of young workers. For example, the Worksafe Victoria advertisement described above--essentially attributing responsibility for a disfiguring occupational injury to a young worker--was subversively recaptioned by a workplace injury victims' advocacy group and posted on the group's website (see 'Diary of A Workcover Victim') to read (as the voice of the young worker) *'Injured at work... and disabled by Workcover'* and (as the footnote from Worksafe (Workcover) *'It does __ hurt to speak up'*. In other areas, researchers and advocates have called attention to unsafe working conditions for young workers, advocating for improvements. For example, casual or temporary employment (with no paid sick or holiday leave) is most common among young workers. A recent Australian study found that reports of unwanted sexual advances at work were far and away the highest among young precariously-employed women: precariously employed women were five times more likely than permanently employed women to report unwanted sexual advances at work, with this risk exacerbated five fold again comparing the youngest age group (18-30 years) to working women aged 51 years or above (LaMontagne et al, 2009). This points to an urgent need to take action to protect the rights of young precariously-employed women to safe working conditions in particular, as well as a more general need for multi-level structural intervention (Landsbergis et al, 2012) to address safety and health inequities experienced by young people in the labour

market. This research has been taken up by trade unions, the Australian Sex Discrimination Commissioner, and other worker advocates to lobby for such change.

As we have seen above, teenage parenting in the UK is characterised as inherently problematic, with young parents cast as automatically inadequate due to their age, and government policies since 1999 creating a presumption that all young parents are incapable of adequately caring for a child. Many young mothers report feeling stigmatised (McDermott and Graham 2005) but are resisting this social stigmatisation by constructing positive social identities that emphasise the benefits of becoming a mother at a young age, and the pleasures of mothering. This can take innovative forms, such as site specific performances and plays developed by young people in workshops with artists, such as that developed by artist Sarah Cole. Cole worked with young parents attending the weekly drop-in at the Coram Centre in North London to develop a play which reflected their feelings about being a young parent. The play was performed as part of an arts event in Kings Cross, London, in 2010. In other areas of the country, young people's organisations have developed support services and networks for young parents, usually led by the young parents themselves, giving them the chance to determine and shape the services to suit their needs (see, for example, Richmond Youth Partnership's Young Parents Project). In Newham, East London, young parents were invited by Community Links, a charity based in Newham, to become Community Links Everyday Innovators. This involved training and supporting young parents to use peer-to-peer interviews and other creative methods with peers to produce a report setting out to service providers the needs and wishes of young parents in the Borough (Community Links 2008). Although

young parents are a group who, because of the many other pressures in their lives, not least the feelings of isolation and stigmatisation, find it difficult to resist in the organised ways discussed above, smaller-scale localised examples such as these show that there is a determination to resist the negative labels placed on them.

Young people are also employing participatory theatre, film, arts-based media, and other creative methods to resist dominant discourses that portray them and their behaviours as inherently risky. For example, in Prince George, Canada, the Street Spirits Theatre Company builds upon Theatre of the Oppressed techniques first developed by Brazilian theatre director Augusto Boal (Babbage 2004) to promote interactive community-based dialogue and social change. The company trains young people to facilitate and engage audiences of all ages in theatre performances that address issues that many young people often face, including sexual assault, racism, homophobia substance use, relationship violence, and poverty. Their performances frequently challenge dominant discourses about these issues and the stigma that vulnerable populations, including young people, often encounter (Street Spirits Theatre Company, n.d.). YouthCO, a youth-run peer-education organization in Vancouver, Canada, conducts peer-led harm reduction and sexual health workshops for young people. YouthCO's HIV and Hepatitis C prevention workshops, outreach services and peer education challenge the negative discourses and stereotypes about young people that can often prevent them from accessing sexual health services (YouthCO, n.d). Participatory film-making has also been employed by researchers to disseminate the findings of a qualitative study regarding the experiences of youth living in northern British Columbia with sexual health and contraceptive services.

Working with a youth advisory group, the researchers developed a short film that aims to dispel common myths about contraception and educate young people about their rights to access it, particularly for those living in rural and remote communities where sexual health services are more limited. Entitled *Youth Birth Control Rights* (Soon, et al. 2013), this short film is one of many research dissemination tools the researchers will use to reach young people, service providers and health policy makers.

Conclusion

Risk discourse acts as a social dividing practice that stereotypes whole populations (young people) as well as population subgroups (teenage mothers), contributing to a set of practices that specify and sometimes assign to particular aspects of life a hegemony of what is expected or acceptable. The neoliberal position is to ensure that those groups of people do not benefit from or exploit the State, and in recent times this has encompassed a shift in belief which returns us to the notion of deserving and undeserving classes. To date, much has been written about issues of youth justice, in particular surveillance of those young people seen as at risk of falling into a life of deviance and criminality, with a view to prevention and management. However, the risk discourse has also seeped far beyond youth justice¹ and now extends into the lives of young people and their families, particularly to the health and wellbeing of young people.

¹ It is interesting that many framings of ‘youth at risk’ are positioned alongside health and that these concerns are frequently couched in the language of other forms of justice. For example, discourse regarding whether it is (non) justifiable for the State to support ‘undeserving’ young mothers, lest their children end up in the criminal justice system as a result of the ‘irresponsibility’ of their mothers.

The deployment and widespread uptake of such divisive discourse related to health promotion becomes more difficult in environments where resistance exists (even small acts of resistance, as described above, disturb the ubiquity of ‘othering’).

In conclusion, debate regarding the characterisation of risk and its utilities within Late Modernity (Green, 2009) provides important nuances to be considered within our interrogation of the nexus of risk, neoliberalism and young people’s health and social well being. Our analysis offers one window into an array of ways forward for interrogating the interplay between the actions of public institutions that purport to advance young people’s social health equity (in the name of improved public health) and broader neo-liberal discourses that employ techniques related to risk identification/reduction and rational choice. Drawing further on Frohlich & Abel (2012), the case presented here illustrates how a new range of options can be introduced and deployed amongst disadvantaged groups and settings in such a way to: outpace the concurrent positive impacts that they might have on the more advantaged and so reduce health and social inequities (see also Frohlich & Potvin 2008); operationalise new options in ways that offer more healthy choice options; and, yield effects ‘beyond individual agency (or personal health gains) to improve – through agency – the structural conditions of health.’ (p. 8).

What we hope our analysis also adds are some potential points of synergy for researchers, policy makers, and practitioners amongst various disciplines, including sociology, health, and youth studies to construct novel ways forward within policy and programming realms

that resist neo-liberal 'imperatives'. As members of a more privileged group (the academy), we suggest that we have both the capacity and responsibility to pay special attention to the impacts of structural disadvantage and the places where it is most keenly felt by young people.

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